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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/606,514
		Filing Date	June 25, 2003
		First Named Inventor	David S. De Lorenzo
		Art Unit	2125
		Examiner Name	Sean P. Shechtman
Total Number of Pages in This Submission	12	Attorney Docket Number	42P15056

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment / Response  <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<div style="border: 1px solid black; padding: 5px; width: 150px; height: 50px; margin-left: 10px;">           - Return Receipt Postcard         </div>
<input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Basic Filing Fee  <input type="checkbox"/> Declaration/POA  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mark C. Van Ness, Reg. No. 39,865  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	February 4, 2005

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Rachael Brown		
Signature		Date	February 4, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 06/04/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEB 07 2005

# **FEE TRANSMITTAL for FY 2005**

*Patent fees are subject to annual revision.*

**Complete if Known**

Application Number	10/606,514
Filing Date	June 25, 2003
First Named Inventor	David S. De Lorenzo
Examiner Name	Sean P. Shechtman
Art Unit	2125
Attorney Docket No.	42PT5056

**METHOD OF PAYMENT** (check all that apply)

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s)  Credit any overpayments under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## **FEE CALCULATION**

## 1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	36	36* = 0	50.00	\$0.00
Independent Claims	3	3* = 0	200.00	\$0.00
Multiple Dependent			=	

Large Entity	Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (1)</b>			<b>(\$)</b>	<b>0.00</b>

*\*\*or number previously paid, if greater. For Reissues, see below.*

## 2. ADDITIONAL FEES

**Large Entity      Small Entity**

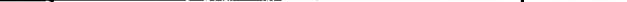
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129)
1810	750	2010	200	Request for a written decision on a final rejection (37 CFR § 1.130)

**Other fee (specify)**

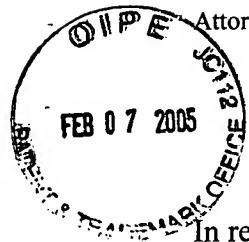
**SUBTOTAL (2)**

18

**Complete (if applicable)**

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Mark C. Van Ness	Registration No. (Attorney/Agent)	39,865	Telephone
Signature			Date	02/04/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 12/15/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



Attorney Docket No.: 42P15056

Patent

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re patent application of:

**David S. DeLorenzo, et al.**

Serial No.: 10/606,514

Group Art Unit: 2125

Filed: June 25, 2003

Examiner: S. Shechtman

For: **METHOD AND APPARATUS FOR MEMORY BANDWIDTH  
THERMAL BUDGETTING**

**RESPONSE UNDER 37 C.F.R. § 1.116**

**Mail Stop AF**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed December 10, 2004, applicants provide the following remarks.

**REMARKS**

Claims 1-36 are pending in the application for reconsideration.

Applicants thank the Examiner for indicating allowable subject matter in claims 8-12, 20-24, and 32-36.

Applicants note that an IDS filed November 23, 2004 is not acknowledged in the office action. An initialed form PTO-1449 is respectfully requested.

Applicants object to the finality of the office action. The office action, for the first time, communicates the basis for the rejection of certain claims. The Examiner is reminded of the requirements of MPEP § 706: